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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A CASE OF NEURALGIA OF THE FIRST  
BRANCH OF THE FIFTH PAIR, OF  
SIX YEARS' DURATION, CURED BY  
DUQUESNEL'S ACONITIA.

BY DR. M. LANDESBERG,  
Of Philadelphia.

Mrs. B., thirty-five years old, had been suffering from trigeminal neuralgia for over six years previous to her coming under my treatment for progressive myopia. The first attack occurred in the summer of 1873, lasting for over sixteen weeks. From this time paroxysms were repeated with unabated violence, at intervals of two to four weeks, usually attacking one side of the face. In some instances the affection kept on for several hours only, in others several days or even weeks. All the different kinds of remedies to which the patient recurred were of no avail. They did neither check the morbid process nor break the violence of the paroxysms.

Patient is of nervous temperament. Mental agitation was one of the most prominent causes of the paroxysms.

During my treating her for progressive myopia I had repeated occasion to observe, from the very beginning, the attacks of trigeminal neuralgia. The prodromal symptoms were slight photophobia and the appearance of a small ring of enlarged vessels around the cornea. Then ciliary neuralgia set in, bearing the features of genuine cyclitis. One spot of the upper ciliary region, outside from the superior muscle, became tender to such a degree that the slightest touch produced the most agonizing pain and

intense symptoms of irritation. The latter rapidly increased in the further course of the affection. The upper lid and its surrounding parts became enormously swollen and puffy, and intense chemosis of the conjunctiva of the eyeball developed. Pupil became extremely contracted, yielding but very slightly to atropia. The pain extended over the whole head. The oedematous parts were flushed, moist with perspiration, and showed increased temperature. In rare instances the lower lid and its surrounding parts also showed slight serous infiltration. Intraocular pressure and background of the eye remained normal. Vision was not impaired.

Induced by Dr. E. C. Seguin's paper on the treatment of trigeminal neuralgia, by Duquesnel's Aconitia, I tried this agent on my patient. The form for administering was as follows:—

R. Aconitiæ (Duquesnel's),	gr. $\frac{1}{4}$
Glycerinæ,	$\overline{3j}$
Alcohol,	$\overline{3j}$
Aq. menth. pip.,	$\overline{3j}$ M.

Sig.—One tablespoonful three times a day.

The therapeutical effect was striking. Perfect recovery was obtained after the patient had used two bottles of the prescription.

Eighteen months elapsed, during which period the patient enjoyed perfect health, when her right eye suffered injury by a blow, which caused intraocular morbid alterations. The exterior of the eye remained normal. On the third day after the occurrence the patient complained of tenderness of the eyeball. On examination, I found one spot of the upper ciliary region tender to the touch. I at first considered this tenderness as a consequence only of the lesion. On the succeeding days the pain became intense,

photophobia and lachrymation set in, and slight serous infiltration of the conjunctiva of the eyeball developed. There was no doubt that I had to do here with a relapse of trigeminal neuralgia, provoked, likely, either by the blow itself, or by the mental agitation of the patient consequent upon it.

I recurred to aconitia, which checked the paroxysm in its very beginning.

1913 Arch street.

### FLAYING OF THE VOCAL CORDS.

BY DR. CARLO LABUS, OF MILAN,

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Translated from the Italian and read before the Philadelphia Laryngological Society,

BY CHAS. E. SAJOUS, M.D.,

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In a pamphlet of twenty-four pages, Dr. Labus introduces a novel operation for the more rapid and permanent cure of chronic congestion of the vocal cords. The first pages of the monograph are devoted to the causes giving rise to the affection in question. After describing in a very clear manner the operation, the author gives a list of twelve cases (among whom are some prominent singers), showing results of a very satisfactory character.

The length of the paper not allowing its publication in full, the following extract will serve to show its principal points:—

Considering the facility with which traumatic endolaryngeal lesions are cured, frequently without even leaving the least trace of the trouble (as I was able to convince myself in sixty cases of laryngeal tumors extirpated laryngoscopically), and guided by the criterion of analogy, that when loss of substance occurs in the superficial strata of mucous membrane repair takes place completely, the idea occurred to me to attempt the removal of that part of the membrane which had become hyperplastic, and wait for the formation of a new tissue, identical with the normal, and possessing all the qualities requisite for perfect phonation. To obtain this result, it became necessary to create a traumatic lesion, avoiding unnecessary laceration, thereby diminishing the chances for excessive reaction, which would compromise an otherwise normal and rapid cicatrization. I thought to effect this by stripping the cord of the hyperplastic tissue covering it; using for that purpose an instru-

ment such as Tuerck's polyp-crusher, or a toothed forceps of some kind, with lower branches turned before or backward.

To succeed in performing so minute an operation, it is necessary that the patient acquire perfect toleration of the instrument; to obtain which I resort to repeated manipulation. This having been obtained, Türk Schrotter's method of anæsthesia may be used for the operation, but I am not disposed to advise it, the inflammatory reaction secondary to the application of chloroform retarding the recovery.

The operation is performed during inspiration; the cords being then separated, the hyperplastic mucous tissue presents itself so that it can easily be seized. If the inflammatory process extends over more tissue than the instrument can embrace, it becomes necessary to strip the whole affected extent. The operation is said to give but little pain. For the moment, the voice becomes clearer, but very soon it becomes weaker and weaker, until complete aphonia exists, which lasts two or three days; this is caused by paralysis of the superior fasciculus of the thyro-arytenoid muscle. The consecutive reaction is but very slight; the cords present slight redness and turgescence, the flayed space remaining perfectly white. As a general thing the lesion becomes cicatrized in three or four days, and nothing remains but a slight turgescence, which gradually disappears. The voice returns with all its delicacy and purity.

The consecutive treatment can be said to be negative. Pain, a slight burning sensation lasting a few hours, requires but little attention. Abstinence from irritating drink, smoking, and from breathing a vitiated atmosphere; or exposure to causes giving rise to coryza or bronchial catarrh, is necessary; but above all, silence must be observed the first few days, in order to give the organ complete rest. Local medication, producing irritation, retards recovery. If, however, the reduction of the turgescence should be too slow, then only very weak astringent inhalations may be advised. The material condition of the cord operated upon does not allow the least exercise at singing for at least one month after the cure of the lesion, to secure complete absorption of the exudation and coaptation of tissues.

The idea of resorting to the above process came to me seven years ago, while having under treatment a celebrated singer. The mucous membrane of the middle third of the right vocal cord was raised, so to say, detached, rendering the voice impure, and strongly compromising a brilliant career. A local astringent treatment re-

lieved her enough to allow her return to the stage, but the improvement was but momentary. Impressed by this, I decided to attempt denuding the cord of its hyperplastic tissue in cases of like nature, and very soon an opportunity presented itself in the person of M. Roussel, a tenor. This artist, after a career of eight years, found himself forced to abandon singing, his voice having become defective. After a cold contracted some time before, his voice had remained impure. On the margin of the right vocal cord and on its anterior third the mucous membrane was somewhat relaxed and projecting, and during phonation vibrated with the cord. Having tried, without result, insufflations of astringent powders, I proposed the extirpation of the loose portion of the membrane, which was accepted as a last resort, a year's continuous treatment having proven ineffectual. After four days' manipulation I was able to touch the cord without exciting reflex action. On September 22d, 1874, I prepared myself for the operation, and so as to obtain the highest tolerance possible, I resorted to local anesthesia. Following the proceedings described above, the operation was performed without difficulty; the reaction was almost nil; the voice weakened for a day or so, but on the third had returned, and continued clearing so rapidly that in a week he could be considered as cured, the larynx not presenting the least trace of the lesion, and the margin of the cord being perfectly straight and smooth. As to his voice, in filling an engagement the following December, it was characterized as "admirable," by the papers of the day, and compared to that of Rubini.

In February, 1875, Signora Rosa Bellincioni, contralto, came to me, complaining that during the past year the least prolonged singing caused great fatigue and lowering of the voice. The right vocal cord was somewhat tumid and pinkish in its anterior and middle third, and its margin projected in the rima glottidea at certain points. I prescribed a local astringent treatment, and did not see the patient until the following February. She then related that she had followed my treatment, without advantage; that her voice was worse notwithstanding, since the year before she could reach G fourth octave, and now she could only reach E flat fourth octave; and that in that state she could absolutely not sing. On examination, I found the same tumefaction as the year previous, only increased, and of a bright red. The operation being proposed and accepted, twelve days' manipulation of the larynx enabled me to master the organ so as to be able to

perform the operation without anesthesia. The voice instantly became clearer. There was no reaction, not even lowering of the voice. In twenty days the cord was perfectly white, and its border smooth and straight; the voice was very clear, and she could reach F sharp fourth octave. One month later it had taken its normal extension.

In May, 1876, Signora Flora Mariani, mezzo-soprano, came to me suffering with catarrhal pharyngitis, and stating that since winter her voice did not respond to her requirements; that she could not attack and sing in high register; and that it had lost its clearness. She had over-used her voice; had sung parts too high for it; and worst of all, had sung while under the effects of a cold. Besides the pharyngitis, I found both vocal cords reddish and tumid. I advised her rest and the use of a local astringent treatment. One month later she again called, with full intention to undergo thorough treatment. I began with astringent insufflations, with notable advantage at first, the left vocal cord, in fact, returning to its normal condition. After twenty days' treatment, not noticing much progress, the right vocal cord retaining its tumid condition, and encouraged by the results obtained in the cases narrated above, I proposed my new operation; that is to say, to strip the cord of the hyperplastic tissue which did not show a tendency to reduction. After a week's manipulation, on the 9th of July I extirpated the whole portion of tumid mucous membrane at once. The reaction was nil. At the end of two weeks her voice in speaking was natural. I did not allow her to sing before a month after the operation, the cord not presenting then the least trace of the lesion. Her voice was, in fact, admirable, and her high notes were as clear as before her illness. After a month's exercise at singing, the voice, instead of improving, began to weaken and lose its clearness. On examining the larynx I found the cord operated upon perfectly normal, white, smooth, with straight edge, but the left vocal cord was tumid and red throughout its whole extent. No doubt, the exacerbation of the same inflammatory process I had found on her first visit existing in both cords, but which had been temporarily mastered in the left by astringent medication and rest, had reappeared on reassuming singing, the cord operated upon having resisted the labor imposed upon it. Naturally, the enthusiasm engendered by the success of the first operation, led her to accept a second one very readily. In a few days I was able to introduce my forceps and extirpate the mucous mem-

brane covering the left cord throughout its whole extent, which was done in three different applications, the instrument being too small to embrace it over its whole length. The pieces of mucous membrane were submitted to the eminent histologist, Prof. Bizzozero, who recognized them as composed of epithelium, a thin layer of connective tissue underneath, pervaded with a few blood vessels. This time there was marked hoarseness, but in ten days the cord was in its normal condition. A month later the voice had resumed its facility in attacking pianissimos, while the "notes piquées" were true and clear. Very soon after, she started for Venice, and filled an engagement with great satisfaction. I saw Signora Mariani a year later, and again this Spring, and I was able to observe the perfectly normal condition of the organ laryngoscopically, while her voice was pure and metallic.

In autumn, 1876, came to the Ospedale Maggiore a chorus singer, Angela Allini, belonging to the Scala. Her voice, that of soprano, had become coarse, almost masculine, this having been brought on by overwork, especially while the organ was indisposed. A laryngoscopic examination revealed a fact which I had occasion to observe once before in a singing artist; besides the usual redness and thickening there was on the superior layer a long white stria running longitudinally, and resembling an atheromatous patch. After six days' manipulation, I extirpated the superior mucous layer of both cords.

Forced by poverty to enter upon her duties sooner than I desired her to do so, the patient resumed her labors at the end of a week. She sang through the whole carnival, the result being merely a slight weakness in tone and a slight redness of the cords; but these were not in the least tumid.

In September, 1877, Dante Del Papa, a tenor, came to the Hospital complaining of hoarseness. I found the right vocal cord congested and swollen. Not producing any relief with astringent applications, I performed the operation, with entire success. The reaction was very slight the voice being hardly veiled at the end of three days. After a short period of rest the patient returned home, and shortly after I heard that he was filling an engagement with entire satisfaction.

The following are the conclusions which I believe to be able to advance:—

1st. Catarrhal inflammation of the larynx is frequent among singers.

2d. Said inflammation has for its cause, besides rheumatic diathesis, the abuse of the func-

tions of the larynx, and its use in pathological condition.

3d. It easily passes to chronicity, localizing on the vocal cords, these bearing the brunt of the functions of the organ and resulting in hyperplasia of the epithelial stratum and of the adjoining mucous layer.

4th. The result of this inspissation of the mucous membrane which invests the cords is an alteration in the voice, very often only noticeable during singing, but sufficient to impede the artist in exercising his profession.

5th. The treatment by topical applications is long, seldom giving rise to complete cure; oftener produces but a short amelioration, and in most cases fails completely.

6th. The process of flaying is not only innocuous, but gives more complete and lasting results, and that in shorter time, constituting the true radical treatment of hyperplastic inflammation of the vocal cords.

#### HIP-JOINT OPERATION.

BY G. GLANVILLE RUSK, M.D.,

Of Baltimore, Md.

In the early part of May I visited Augustus Moore, colored, aged thirty years, mariner by occupation, who informed me that he had been suffering for three months, and bed-ridden about one month, owing to the presence of a growth occupying the inner side of the right leg, which had commenced as a subcutaneous lump near the knee. He had been ordered a variety of applications for the purpose of "bursting" it. He desired me to evacuate the matter at once, as he was unable to endure the agony longer. Upon inspection I observed a tumor, in which there was neither fluctuation nor pulsation, involving the anterior femoral region of the right leg, beginning in the vicinity of the knee and encroaching Scarpa's triangle. The dimensions of the tumor were, fifteen inches in length and twelve inches in breadth. The increase in size had been rapid. A chain of glands could readily be detected in the inguinal region. At this time the thermometer revealed no difference of temperature between the limbs. I thrust into the tumor an inspirating needle of large calibre, in different directions, from which neither blood nor pus issued; consequently I was unable to make an accurate diagnosis. The query then presented itself: What is the pathology of the case? From the evidence I had obtained, I was compelled to denominate it a soft sarcoma, as the non-appearing of blood or pus contra-indi-



cated the presence of an encysted abscess, or an aneurism. My opinion was concurred in by several eminent professional brethren. In view of the man's deplorable condition, I proffered him an amputation at the hip joint as the only source of hope for relief and recovery. He accepted gladly the proposition, notwithstanding I endeavored to impress upon his mind the great dangers attending such a procedure. I sent him at once to the Church Home Infirmary, for preparatory treatment, as his vitality was at a low ebb.

May 24th, at 2 P.M., I had him placed under the influence of chloroform, for the purpose of making an extensive incision through the tumor, to verify or set aside my diagnosis, prior to operating. The contents of the tumor was coagulum. The circulation in the diseased limb had nearly ceased, lowering its temperature, and gangrene seemed imminent, therefore, I proceeded to perform the amputation at the hip-joint, after the manner of Erichsen. Having used Lister's compressor, the amount of hemorrhage was reduced to a minimum. Upon the removal of the limb, I dissected from the flaps some heterologous tissue, which unfortunately was not subjected to the microscope. After the ligation of the blood vessels, the edges of the wound were brought together and secured by silk sutures. I found the nevus needle more convenient than the ordinary surgeon's needle. Reaction from surgical shock occurred in due time, under the careful use of stimulants. No secondary hemorrhage. At my leisure I examined the tumor, which proved to be a diffused aneurism of the femoral artery.

May 25th, rested well during the previous night under the influence of an anodyne; pulse 134, temperature 100.5.

May 26th. Pulse 120, temperature 101.2.

May 27th. Pulse 106, temperature 99.2.

May 28th. Pulse 110, temperature 98.6.

May 29th. Pulse 120, temperature 101.6.

May 30th. Pulse 128, temperature 102.

May 31st. Pulse 120, temperature 101.8.

From the last mentioned date till his dismissal from the Infirmary his improvement was continuous. The treatment was: an anodyne of opium or belladonna every night, to secure rest; ten drops of the tincture of digitalis, to calm the tumultuous action of his heart, alternated with quinine and iron every two hours, as a general tonic, and an enema of soap-suds when required. The diet was meat essences, bread, milk and soft boiled eggs; no stimulants were used after reaction occurred. The stump,

as well as the patient, was kept scrupulously clean; at no time was there any unpleasant odor from the wound.

June 14th. I discharged him from the Infirmary, well. Since that time, he has engaged in the fruit-packing business, and is enjoying excellent health.

Baltimore, October 7th, 1880.

## HOSPITAL REPORTS.

### BELLEVUE HOSPITAL, N. Y.

CLINIC BY WILLIAM THOMPSON, M.D.,

Professor of Materia Medica and Therapeutics in the University of the City of New York.

GENTLEMEN:—The cases that we bring before you to-day, as well as those we brought before you last week, illustrate symptoms due to a single disease, but which in the olden times, before Bright's discoveries, were supposed to be due to several different diseases. Should you ever be reading the diaries of the days when they used to keep diaries, as in the times of Charles II and William III, before there were newspapers, you will find descriptions of the illness of a number of great people, who were supposed to have had from ten to fifteen diseases. We can now say, with little question, that William III died of Bright's disease of the kidneys; but he had symptoms which were ascribed to grief, on account of the death of his wife. But it is very doubtful, indeed, whether his affections were very much lacerated by that loss. I have no question that his complaints were really due to Bright's disease. His court physician told him that he would not have his legs for all his kingdom, because he had dropsy; that the dropsy had a way of getting into the brain. Now, that shows us what kind of dropsy it was; that his majesty certainly had very bad kidneys. But that was not known at that time. It is put down in the diary, one day, that he had very severe difficulty in breathing; another time, that his stomach had commenced to be affected; at other times he became very forgetful of everything that happened, seemed to be entirely wrapped up in his own cogitations; but, in fact, I suppose he had some uræmic lethargy, coma, and so on. It is quite amusing to read such accounts, taken down with such minuteness, without any idea of making a medical history. But now-a-days we have a key which shows us that the cause of many symptoms which were then supposed to be due to many diseases is Bright's disease of the kidneys, which gives rise to poisoning of the blood and the various troubles consequent thereon. There is not a disease that Bright's disease will not simulate in some degree, in different patients.

Now, what symptoms are likely to manifest themselves in different patients? The symptoms will probably be influenced by a family tendency. Patients who come from a dyspeptic stock will probably complain of gastritis the first thing, on being affected by Bright's disease; patients, on the other hand, of a phthisical stock, will first

present some pulmonary difficulty; others have a tendency to nervous complaints, and will give some cerebral trouble as the first symptom, and so on. In other cases, there is an early tendency to dropsy. Now, these are facts which have led us to look to Bright's disease a good deal more than to almost any other disease, for the cause of obscure affections; and I cannot, therefore, be too emphatic in telling you that, as a routine thing, you ought to examine the water in every case, no matter how far the complaint may seem to point from renal disease, for the diagnosis will have very much to do with the prognosis and treatment. In the patients before us, whom I have not seen before, we shall probably find nothing in their story that would give us scarcely the slightest idea of Bright's disease.

How long have you been sick? (No. 1.) "About four months." Gentlemen, do you notice anything particular about his countenance? "He has a stare." Yes, he stares. That is pathognomonic. There is no disease that does that but Bright's disease, with the exception of a very few cases of chlorotic anemia; but I doubt whether even they are not cases of renal disease. But there is that stare. In passing through the hospital, you can see certain patients looking around with that expression of the eye. Now, what makes the man stare? Is it because he opens his eyes pretty wide in looking at you? You would notice it whether or not he were looking at you. No, it is not because the eyes are opened widely, nor are the pupils particularly dilated, and yet he looks as if he were staring. Not only is this symptom peculiar to this disease, but it is peculiar also to a certain stage of the disease. There is a great deal of the elements of prognosis in that stare, for the reason that there is complete dullness of the iris. It does not contract readily, nor does it dilate readily. It is becoming paralyzed, and the expression of the eye depends upon the iris. The rapidity with which the iris answers to nervous impulses from within is that which renders one eye bright and another dull. And it is a pretty good indication, therefore, of the degree of cerebral activity that is going on within; because, if a man is thinking rapidly, particularly if he is using the highest part of his mind, the will, his eye is bright.

The almost inconceivably small fibres of the iris are thrown into tremors by the action of the brain, and give expression to the eye. But let a man be sleepy, the eye grows dull. So the condition of toxæmia or blood poisoning, in Bright's disease, is one which tends to coma, commencing with paralysis of the sensory impressions, and afterwards of the motor and the sympathetic notably. Now, that never occurs until you have commencing poisoning of the nervous system; and hence you may have, before long, those results of toxæmia or blood poisoning, in the way of paralysis.

Then, you say, your complaint began about four months ago; what was the trouble? "A little dimness." Were you ever sick before that? "I had had inflammatory rheumatism, off and on, for five years." Where did it take you first? "In the feet. About a year afterwards it came in my arms." Then you never had the

rheumatism in the knee, nor elsewhere than in the arms and feet? "No, sir." Had you any other trouble? "About five years ago, when I had rheumatism in the feet, had pleurisy." How long did the attack of pleurisy continue? "About three or four weeks." Did you have any trouble with the stomach at all? "No, sir." Never threw up your food? Did you have any headache? "Yes, sir." When did you take the headache? "For six or eight weeks." You say you stopped work; why? "On account of rheumatism." Have you had diarrhoea or dysentery? "No, sir." And you have no swelling about the body, any place.

Here, gentlemen, we have a case that began with rheumatism. Now, Doctor, just feel his arteries and pulse; we will find that his condition, instead of being a recent one, is a very old one. That is a typical case of corkscrew artery. It is very hard, very rigid; it is a very weak pulse, and incompressible. Doctor, do you think the pulse is weak? "I do." How can you tell that it is a weak pulse? "By the heart." Did you try the heart? "No, sir." Then you guessed at it.

Now, here is another case, in which we have probably a different class of symptoms. How were you first taken sick? "With pains in the feet." How long did you have pains in the feet? "Seven years." You say it is all through you now; but it began in your feet. You did not have trouble all over the joints at the same time. It would be a month or so between the attacks in the feet, and legs, and knees. What else happened? You lost your strength; your strength seemed to go away altogether. Did you have any other trouble besides loss of strength, and pain in your feet and all your joints? "No, sir." Have you been sick at your stomach at all? "Yes, sir. When the pains came on me, I felt sick at the stomach. For four or five days would have no appetite." Have you had any trouble in breathing? "No, sir. Have had some cough." Have you had headache? "Yes, sir. It is very bad now." You say you have no trouble with the eyes, except that your sight is not so strong as it used to be; it got dim when you tried to read. Is it dim one day and better the next, or is it dim most of the time? "It is dim most of the time." For how long a time have you had headache? "For twelve months." When you had headache did you ever get sick at the stomach? "Yes, sir. Would throw up." Was it only after eating? or did you throw up at times when you had not eaten? "Yes, when I had not eaten anything at all."

Observe this patient's ear, gentlemen; come down and look at it. There you will see something which will tell you at once what diagnosis to make, and consequently, what treatment to pursue. It is a very beautiful example of the gravel-like deposit in this locality which occurs in many cases of Bright's disease.

Now, here are two cases, whose history differs altogether from the history given by the patients last week. They came with a story of rheumatism, and unless you had some hint as to their kidney trouble, you would probably treat them simply for rheumatism. You have felt their arteries, and find that they are just like cords or

little wires under the skin. These are both cases of gouty disease of the kidney; and if the gout had not involved the kidney, they might have gone on with scarcely any real shortening of life or visible shortening of life, by such a moderate amount of gout as they have had. It is very often the case that gout, after affecting the bones, affects the viscera; and on the whole, I do not like to have a case that has been an articular gout to change and give the joints no further trouble, for sooner or later we are likely to have a great deal of mischief with some viscera of the body.

Now, in the ears of this female patient you observe that there is a deposit of that gouty material, forming what are called beads, and they always mean just that and nothing else. No other disease will do that, and hence such a symptom is of itself of very great value in diagnosis. It tells you that the obscure symptoms of the patient, if not due to renal disease, are due to masked gout. I have one patient now, who has no other symptom at all distinctive of gout, except one small bead in the ear, and that is perfect; it is as good a specimen even as this. That patient has a great deal of palpitation of the heart, and is affected very often with a very disagreeable sensation about his head, and sometimes with bronchitis. Now, although he has not yet had a single great toe or joint affected, I have no question that his symptoms, palpitation, dizziness, occasional dyspepsia and bronchitis, are gouty; and I find that giving him gout medicines relieves his bronchitis very quickly, whereas, if I should give him, instead of that, the ordinary bronchial remedies, they would not do any good.

Now for the lessons that these two cases teach us. In the first place, they teach us that the first symptoms which the patient complains of have, of themselves, no significance at all. The first thing they complained of is pain, and pain is not a special symptom of Bright's disease. Bright's disease is a most dangerous disease, from the fact that it has no pain usually. When one has a pain, he is very anxious to find out its cause; but he is very apt to overlook even grave conditions, if they do not cause pain. Now, the first thing that affected these patients was pain in the joints, which was due to gout. It began in the lower joints in both of them. Had I seen these patients when their gouty symptoms first began, I should have suspected Bright's disease, and for this reason, that articular inflammation, either of rheumatism or gout, does not affect the general health as such. Take rheumatic patients, those who have had frequent attacks of rheumatism, generally, you will find their complexion of very good color, their skin clear, even too much so, and quite florid; they have not lost flesh. I am speaking now, of course, of those who have not suffered from heart trouble; a great many of them will be quite fleshy. I have been struck with how well many rheumatics look, notwithstanding their severe pain which they suffer. It is so with gout. Most gouty patients, in the beginning, look the very picture of health.

Therefore, a story of rheumatism and a bad look, a look of anemia and loss of strength, and of panting for breath, and a wasting of the mus-

cles, and all that, indicates something more than either gout or rheumatism. We would suspect that with this articular inflammation there was too much constitutional decline to be accounted for by the pains in the knees, in the ankles, or wherever else it might be. Whenever this disease, gout, has affected the kidneys and commenced to undermine the constitution, it has gone on a good while.

Again, in these cases we had very few symptoms of the disease which we looked for. We asked about their symptoms from the first, and neither of them had gastritis to any great extent; later on they began to vomit, but they did not begin with it. They did not have very severe dyspepsia. Then they did not have very severe pains in their heads, or else they would have told us so. One of them had pleurisy five years ago, and I have no doubt that that pleurisy was connected with this complaint. I will try to find out about that by asking him some questions. He does not give us a very good account of the matter. I think it very likely he had a very slight attack of pleurisy; but it is not improbable that he had a severe one too. It is in the pleurisy that occurs in the course of Bright's disease that the effusion is out of all proportion to the fever and pain; and not uncommonly will the patient come to you short of breath, and you will find he has pleurisy, without ever having been aware of it.

Now, the cerebral symptoms in both of these cases came on very late, and in both were connected with the eyes. They noticed dimness of vision. The headache was not a marked symptom, because they did not mention it until asked about it. This woman, however, complained of headache, and I then asked when it began, and for this reason: headache is so common an affection that, *per se*, it would not mean anything; but not so, if it has begun recently. A person who is not accustomed to have headache at all, and begins with headache some time in life, has it on account of some form of blood poisoning. That is the meaning of a headache coming on in life, without being an inherited nervous headache; it must mean blood poisoning, in the great majority of cases, so great a majority, in fact, that there are very few exceptions, and therefore it is significant.

We asked this patient whether she has always had headache? No; only within the past year. Notice another fact, it was a hemicrania, it was on this side. Now, a headache that occurs on one side only is supposed, by a good many, to be due to nervous trouble; but not so. It is very commonly the case in Bright's disease that the headache occurs on one side. It is not at all uncommon to have hemicrania as a symptom of this disease. Hence we may lay down this rule, that it is not the form of the headache, nor where it is located, that tells you of Bright's disease; it is the fact that the patient had not had headache for a number of years, at least, and then it began to develop; for such a headache is not hereditary; it is not a dyspeptic headache, such as many have, because a dyspeptic headache begins early in life and continues nearly all through life, from sour stomach, for instance. Hereditary headache develops at a certain time in life, rather early, as a rule, like megrim, and continues per-

haps for years and goes off toward the latter part of life. The headache that comes on suddenly, with symptoms of fever, indicates fever coming on, as typhus and typhoid fever. If it comes on periodically, it indicates a malarial element. But if there be no malarial element and no specific fever, and yet a headache comes on, it may be syphilitic. But make up your mind in regard to that from other symptoms. If it can be accounted for in none of these ways, then look carefully to the kidneys. Look carefully whether they are not wrong, for I am pretty sure that more than two-thirds of such headaches are due to toxæmia from renal disease.

One more fact I wish you to bear in mind: that no matter what causes the Bright's disease in the first place, the symptoms are mainly referable to the vascular system. I believe the glands would not suffer so much, if it were not that the vascular system becomes diseased so early in Bright's disease. The arteries become thickened and the capillaries obliterated, and it is from that you have other symptoms set in, interference with the glands and symptoms of uræmia.

There is one thing more to be borne in mind, viz.: when you find arteries of that kind, you will find an enlarged heart; the heart becoming enlarged in order to carry on its extra work. Now, as a result of the enlargement of the heart, you will find that when the patient has any fever, or anything of that kind, there will be a heart murmur; but these heart symptoms, instead of being the origin of the disease, are the result of the disease.

## MEDICAL SOCIETIES.

### BALTIMORE ACADEMY OF MEDICINE.

Meeting held May 18th, 1880. H. P. C. Wilson, M.D., President, in the chair. Eugene F. Cordell, M.D., Reporting Secretary.

**Twin Pregnancy, Intra-uterine and Abdominal: the First Twin Born Naturally, the Second Requires Gastrotomy. Death. Post-mortem.**

Dr. H. P. C. Wilson reported the history of the operation, and the post-mortem examination, which he said had been made without the consent of the parties, and hence more or less hastily and incompletely. An incision had been made in the median line, extending from a point three inches above umbilicus to one three inches below. On entering the abdominal cavity a tumor was discovered, very similar to the ovarian, but there was no escape of serum, as invariably occurs in ovariectomy. Adhesions were found between the walls of the sac and the abdominal walls on the right and in front; these were, however, very easily broken up, except at one point, where, in endeavoring to separate them, the finger entered the sac. The amniotic fluid gushed out; the patient was turned on her right side, to let this escape. Being again turned on her back, the fœtus could be plainly felt. The sac was now incised, to the extent of the external opening, when the child was found occupying a position with the breech down and head up under the woman's stomach. The head

was also more to the front than the breech. With two fingers in the groin, the fœtus was extracted without difficulty, but there was some trouble in resuscitating the child. However, it is now doing well. A double ligature was placed around the cord, which was then divided. The cord was traced up and back to the vicinity of the liver and stomach. The sac was thoroughly cleansed with carbolyzed water and a small atomizer, a large atomizer being kept going also throughout the entire operation. The sac was stitched to the edges of the external incision, and then the lips of the latter closed. The patient survived about ninety hours.

The post-mortem revealed the following state of affairs: The sac firmly attached to the abdominal wall on the right side, so that it could not be torn or dissected away; above to great omentum, equally firmly; also adherent to spinal column, descending colon and small intestine; three placentas occupied the left half of the pelvis, and were attached to body of uterus above left Fallopian tube, and to left broad ligament; the uterus pushed to the right side of the pelvis and very much enlarged. Although three weeks and five days had elapsed since the birth of the first child, there was no difficulty in introducing the hand into the uterus at the time of the operation. A sound entered its whole length without meeting with resistance; a larger sound, which was then tried, entered likewise, to a depth of thirteen inches, suggesting the idea of a double uterus. The explanation was afterwards very clear; the sac was attached to the left side of the body of the uterus, and sac and placenta acted as a splint, preventing the contraction of the longitudinal fibres. The cord divided in three parts, sending three sets of vessels to each placenta.

The operation was done on Tuesday. There was nothing in her condition to excite alarm until the following Friday, when the temperature was 106½; pulse over 150. The sutures were now removed and the hand passed in along the cord, with a view to removing the placenta if possible, but it was found still firmly attached. A carbolyzed sponge was introduced into the abdominal cavity and the sac washed out every second day with carbolyzed water, the same being injected daily into the uterus. There was no fœtus at any time.

Dr. W. was not satisfied as to the cause of death, although inclined to the idea of septiciæmia. She had very little sick stomach. There was no peritoneal fluid found on the post-mortem examination, nor any evidence of peritonitis.

1. There was no chilliness at any time.
2. No sweating at all.
3. No muttering delirium—only a little wandering on Friday evening, which might have been due to anodynes given.
4. The temperature rose 3° in eight hours. Her mind was clear to the last. Her pulse and temperature had not been high—102½ one hour before death. At 7 o'clock, Saturday morning, he saw her for the last time, when she bid him good-bye. In fifteen minutes she called to her sister to raise her up, immediately after which she suddenly turned livid; there were slight convulsive movements, and she expired.



Dr. Chew suggested embolism as the cause of death.

Dr. Howard, who had been called in to see this patient, said that he regarded it as an abdominal pregnancy from the first, because coincident developments in a uterus bicornis extending as far as the eighth month is unknown. The foetal heart was distinctly audible; when this is the case and there is no placental souffle, it affords strong corroborative evidence of extra-uterine pregnancy.

Dr. Goodell's case (reprinted from the *Medical Record* in the April, 1880, number of the *American Journal of Medical Science*), had put him on his guard. Supposing that he had a case of extra-uterine foetation at the ninth month, Dr. G. arranged for doing laparotomy, but was deterred from it by observing alternate contraction and relaxation of the tumor. Four days later a child passed *per vias naturales*, and Dr. G. afterwards ascertained that in making his diagnosis he had passed his sound four inches in one horn of a uterus bicornis, the ovum having developed in the other.

Cases have been reported of a duplex uterus, with double conception, in which the pregnancy has gone on for several months, but, so far as Dr. H. knew, there is no case in which the gestation advanced eight months. Gastrotomy dates back to 1594, and has often been done since.

It is a question whether the *primary* or *secondary* operation ought to be done; that is to say, while the foetus is yet living or after it is dead. Parry is opposed to the former, but the cases collected by him preceded Listerism.

Dr. Howard approved of the operation in the present instance.

The great dangers to be apprehended are septicæmia, hemorrhage, and peritonitis. Delay is advocated, on the ground that adhesions may then take place, but in this case strong adhesions already existed.

What was the cause of death? The absence of peritonitis was rendered certain by the post-mortem examination. What other disease, likely to occur, could in so short a time produce a temperature of  $106\frac{1}{2}^{\circ}$ , and a pulse of 150 odd? Nothing but septicæmia; embolism could not. There was no dyspnoea, or suspicious respiration, to indicate heart-clot.

The patient would have died from hemorrhage almost immediately, if Dr. W. had attempted the removal of the placenta; hence he acted wisely in leaving the placenta intact.

In a case of tubal pregnancy, in which Dr. Thomas removed the foetus by cutting through the vagina, he nearly lost his patient, from hemorrhage, in an effort to deliver the placenta, and was compelled to desist.

In a similar case reported by Lawson Tait, he states that removing the placenta was undoubtedly the cause of the fatal issue, and this taught him the absolute necessity of leaving the placenta untouched.

Under similar circumstances, Dr. Howard would, like Dr. Wilson, have performed laparotomy.

Dr. Erich said, that, while at the time entirely approving the method adopted by Dr. Wilson,

he thought the case had taught him a lesson or two. The placenta in these cases of extra-uterine pregnancy, being implanted in non-contractile tissues, is not liable to become detached, and ought, therefore, to remain as living tissue. It is highly probable that nature would then remove it gradually by means of the absorbents, like any other useless tissue, or else it might continue to exist somewhat like an angioma. This theory would explain what became of the placenta, in cases where it was so firmly adherent that it could not be detached and removed. These cases, like that reported by Dr. Reiche, have generally ended in perfect recovery, without any signs of septicæmia, although the placenta never passed. It is now established that, in the abdominal cavity, a ligature may be applied without producing the death of the distal end of the part enclosed. Reasoning from these premises, he should, had he a case like the one under discussion, ligate the cord close to the placenta, clean out carefully, and close up the wound. Should septicæmia occur, the wound could easily be opened and the cause removed. He thought there was danger of hernia from stitching the membrane to the margins of the abdominal incision—the method adopted in this case—as it had a tendency to keep the peritoneal edges permanently separated. He was inclined to think death was due to septicæmia.

Dr. Howard said Dr. Thomas had cured all six of his cases; he (Thomas) approves of stitching the peritoneal edges together. The best modern authorities advise that, if there are no adhesions between the cyst and abdominal parietes, the walls of the cyst should be stitched to the margin of the incision, so as to protect the peritoneal cavity. But in this case nature had already formed strong adhesions, thus obviating the necessity of stitching the sac to the abdominal walls. And Barnes says that in such a case, when the sac adheres throughout the extent of the opening, as in this instance, the operation is scarcely more serious than opening an abscess.

Dr. Erich said he had given his own individual opinions, not those of authorities. Only a few years ago, gradual evacuation for hematomata, caused by atresia of the cervix, was authoritative; now rapid evacuation (according to Emmet) is the better practice.

Dr. Howard thought closing the abdominal cavity the best way to produce septicæmia.

Dr. H. said he was present at the first meeting of the American Gynecological Society, held in New York, in September, 1876, when a discussion arose in respect to this matter, between Dr. T. Gaillard Thomas and Dr. Robert Barnes, of London. Dr. T. had reported a case of laparotomy in abdominal pregnancy, done by himself, in which the placenta was left alone, a large glass drainage tube being placed in the lower edge of the incision.

Dr. Thomas maintained that when the placenta is left *in situ*, to be removed by nature's efforts, it follows, as a corollary, that the external wound should be left open, to permit of its escape.

Dr. Barnes took exceptions to this practice, stating that had the wound been permitted to heal by the first intention, there might not have been any decomposition of the placenta. But if

symptoms of septicæmia should arise, the wound should be opened, to admit of external drainage. Dr. Thomas maintained that it was safer for the woman, to leave an opening for the escape of detritus, than to close it; because, when septicæmia occurs, it is an unsafe conclusion to make an opening for the escape of septic fluids. For, after lymph has been thrown out, and the process of repair has progressed to some extent, we are not certain of finding the spot from which the poisonous material is passing into the system; feeling that when the external wound is closed, the closure is to a great extent final.

Dr. B. B. Browne said that there could be scarcely a doubt that septicæmia was the cause of death in this case; the large size and the extensive attachments of the placenta made it evident, at the time of the operation, that this would be the chief danger to be apprehended. Parry has collected twenty-one cases of combined intra- and extra-uterine pregnancy, in about half of which both children were carried to full term, and the one contained within the uterus born in a natural manner. In the case reported by Dr. Starley (*New York Med. Jour.*, March, 1873, p. 229), the patient was delivered at full term of the intra-uterine child, and died nine weeks after its birth, no operation for the removal of the extra-uterine child having been performed.

Dr. Uhler inquired whether the urine had been examined; also, why the operation was done at the time it was, when pulse and temperature showed fever. Was there possibly any blood, deep in the abdominal cavity, from separation of some portion of the placenta from the partly contracted uterus?

Dr. Wilson replied that no examination of the urine had been made. He was firmly impressed with the propriety of a primary operation. The patient suffered intense agony before the operation, which was only relieved by large doses of anodynes. It had been his desire to carry her as near to term as possible. It was a great wonder the sac was not ruptured before the operation. He had also had regard for the life of the child.

Dr. F. E. Chatard, Jr., said, even if there had

been Bright's disease, it was necessary that something should be done. The abdominal swelling had increased very much after the birth of the first child, causing great oppression and even orthopnoea. There were no after pains after the birth of the first twin, but they were marked during the twenty-four hours following the operation.

Dr. Howard said that Elliott had observed cases of pregnancy with albuminuria, whose urine would gelatinize under heat and nitric acid, with casts of every kind and description, and yet had seen the patients recover and remain with healthy kidneys. Hence it is unsafe to say that all such cases must of necessity die, for often they perfectly recover.

In the case of the wife of a prominent clergyman, who had never carried a child over five months, tube casts were discovered, and the urine contained three-fourths albumen. Dr. Howard advised artificial delivery. The specific gravity of the urine never exceeded 1.010. The casts disappeared entirely after the miscarriage.

He was often at a loss to know how to diagnose Bright's disease, during pregnancy, unless the specific gravity is at the same time very low.

Dr. Wilson said, on two occasions the patient had the symptoms of incipient labor pains, which were relieved by morphia. On two other occasions she had colic pains. After the operation she had pains like those of labor—she called them after pains. At the post-mortem he could not introduce one-half of his hand. She had had three pregnancies previous to this one.

Dr. Erich could not see how closing the abdominal cavity, if it had previously been washed out with carbolic acid, and were perfectly clean, could promote septicæmia, as stated by Dr. Howard. This opinion must rest on the supposed death of the placenta, which he did not think would take place.

Dr. Chisolm knew of a lady who has carried an extra-uterine infant for fifty years.

Dr. Howard alluded to a case continuing fifty-six years, in which three children have been born since the missed labor.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Cold as a Cause of Deafness.

Dr. Theodore Griffin, of La Prairie, Ill., says, in a communication on the above subject to the *St. Louis Medical and Surgical Journal*, October 5th, 1880:—

It being a fact that serious results do follow the action of cold, we are led to inquire, firstly, how can the injurious effects of cold upon the ears be prevented? And secondly, how can they be cured after they have been developed?

The first inquiry can only be answered by giving directions as to suitable coverings for the

mouth and ears in inclement weather. Those whose ears are sensitive to atmospheric changes should not expose them to currents of cold air. When in the street some covering should be worn, not only over the ears, but over the mouth and nose if the weather is severe. Strict attention to the above directions would save many from much suffering.

The mouth and nose are not sufficiently guarded as gateways to the ears. A majority of the diseases of the ear find their way to that organ by their openings. Cold passes through the mouth and nose and on through the Eustachian tube into the cavity of the middle ear. Too little prominence is given to this fact; every

act of swallowing sends a current of air plump into the cavity of the middle ear. After being out in the cold for some time, the air in the mouth and nostrils becomes cold, and it is frequently quite irritating to the sensitive structures of the middle ear.

A woolen covering of some kind worn over the mouth and nose would warm the inspired air and diminish to a great degree this danger to the ear. As a protection to the external ear I would advise any warm covering, but for obvious reasons would warn you against the use of a plug of cotton or any other plug in the external auditory canal, and let but little wrapping around the throat suffice; use the least quantity compatible with comfort.

The answer to the second query is not less important, but compliance with the intricacy of all the delicate details of treatment of many of the diseases of the ear fall most generally within the province of the specialist. To the physician whose armamentarium is made up with the view of combating these diseases, I would say, do not be discouraged by failures to cure, but be thorough in tracing out the pathological condition of every patient's ear which you may examine. Scrutinize every avenue of approach to the ear, particularly the pharynx, fauces, nasal cavities and Eustachian tube; you must become familiar with the use of the Eustachian catheter, the rhinoscope, and all other now indispensable instruments for the diagnosis and treatment of aural diseases. Ear diseases are generally more or less amenable to treatment, though patience and perseverance are often required, both on the part of the physician and patient, for months of treatment are sometimes necessary to perfect a cure.

#### The Elastic Ligature in Fistula in Ano.

A. W. Perry, M.D., Professor of Medical Chemistry, University of California, says, in a communication to the *San Francisco Western Lancet*, for October, 1880:—

Although the use of the knife in these diseases must ever remain the most direct and preferable operation, on the part of the surgeon, yet there are many patients who carry these fistulas for years, and undergo the acutest suffering several times each year, from a fear either of the operation itself, or because, from their circumstances, they are unable to remain in bed for a few days after the operation. For this class of cases the elastic ligature is admirably suited; and I only wonder that as long as it has been known it is so little used. I have asked a number of my confreres, and I have not found one who had ever used it. I have operated several times by the elastic ligature, and have always found that it causes no pain, and no detention whatever from the patient's occupation. Solid rubber cord  $\frac{1}{4}$  in. in diameter (elastic ligature cord) was used, and was pulled with a force of 4 oz. The cord cuts as far as it will, in about four days, and then must be tightened again. One tightening has usually been enough with me. In one case, the man had suffered with a fistula many years, but always dreaded to have it cut; its external opening was  $\frac{1}{4}$  in. from the anus, and the internal open-

ing  $\frac{1}{4}$  in. above. This cut through in six days. The ligature was tightened on the third day. The cut produced by the ligature healed entirely in three weeks.

Another case had an old fistula never operated on. It was an inch from the anus, and entered the rectum two inches above. This was divided by the ligature in seven days, with one tightening on the fourth day. In neither case was there any inconvenience, beyond a slight smarting the first day the ligature was tightened. To perform the operation, a flexible silver probe, with an eye in one end armed with silk, is passed through the fistula into the rectum and out through the anus. By means of a silk, the elastic cord is pulled through, the ends tightened by a pull which would raise four ounces, and they are then tied together close to the skin with silk. It is not well to have too much tension on the ligature, as it causes pain. If the ligature divides the tissues slowly, they will heal up behind it. One important point in the after-treatment (as well as in incised fistula) is to cause soft motions by Freidrichshall and Hunyadi Janos water, or a saline cathartic taken in the morning before breakfast; and immediately after the evacuation an enema of warm water, or infusion of mallow root and linseed. This puts the parts in the very best conditions for healing. For want of such treatment, one often sees the cuts for fistula remain unhealed an indefinite time.

#### Oxalate of Cerium in the Treatment of Cholera Infantum.

A country practitioner writes to the *Concours Médicale*, on the treatment of infantile cholera by oxalate of cerium. He says, "profiting by a slight epidemic of diarrhoea among children and adults, I administered oxalate of cerium regularly, in doses indicated by my *confrère*, Dr. Poulet, viz., four grains divided into ten powders for children under two years, one to be given every hour; eight grains in ten powders between two and ten years; and fifteen grains similarly divided for adults. *Without any exception*, I have obtained rapid and absolute cessation of the vomiting, and in four cases, complete cure of the diarrhoea. In a child of a month old, already much attenuated by the disease, I renewed, during three days successively, the dose of four grains in ten powders; each time I obtained the cessation of the vomiting, which returned when the medicine was discontinued. Unfortunately, it was impossible for me to arrest the diarrhoea, and the child succumbed; but I am convinced that if I had been called in earlier I could have saved it. I cannot impress too strongly the importance of the cessation of the vomiting, as it permits the employment of the administration of the remedies usual in these cases. I tried to give the oxalate of cerium in a mixture, but I had to abandon it in favor of the powders. In a word, the employment of oxalate of cerium seems to me indicated in infantile cholera, and the cholera nostras of adults at the vomiting period. Its action upon the stomach is incontestable; and if that which it exercises on the intestine is more doubtful, it permits, at least, the recourse to other medicines; the ad-

ministration of which would have been otherwise impossible."

#### Value of Salts of Ammonia, etc., in Diabetes.

It has been shown by various authors, according to *Berlin. Klin. Wochens.*, No. 38, 1880, that salts of ammonia are eliminated by the carnivora and herbivora, in the form of urea; and Adamkiewicz has shown that this is the case also in the human subject. On the theoretical ground that salts of ammonia might also diminish the quantity of sugar voided in the urine, the latter investigator proposed to employ them in the treatment of diabetes, and published several cases in which they seemed to have this action. Dr. P. Guttman, physician to the Baraken-Lazareth, Berlin, tried this method of treatment in a diabetic patient, with the following result: During the first five days, in which no medicine was given, the average amount of sugar excreted per day was 231.65 grams; during the succeeding thirty-one days, in which ammoniacal salts were given freely, it was 223.11 grams per day; while during the immediately subsequent period of thirty-one days, in which no medicinal treatment was pursued, it fell to 173.19 grams per day. These figures tend to show that the salts of ammonia not only do not lessen the excretion of sugar, but perhaps even augment it. The same case also was afterwards treated by the Carlsbad water (Mühlbrunnen), and carefully observed for thirty days, with the result that the loss of sugar was not in the least diminished, but rather increased.

#### Pilocarpine Hypodermically.

Dr. F. J. B. Quinlan, of Dublin, says, in a letter to the *Medical Press and Circular*, Sept. 29th, 1880:—

The properties of the Jaborandi leaf have been experimented on by Gould, Murrell, Ringler, Langley, and others, and used in the form of an infusion or a tincture of definite strengths, it produces copious perspiration, or sometimes salivation. In some instances it causes contraction of the pupil, and temporary interference with vision; or less often vesical symptoms. As to its action on the heart there has been some difference of opinion. There is no doubt, however, that it accelerates the action of the heart, relaxes the vaso-motor system, and lowers the temperature. My experience is that the safest and best method of administering this drug is by the subcutaneous injection of the pilocarpine alkaloid, a plan which usually brings on copious perspiration in a few minutes, and without congestion or any of the other symptoms above described.

For the last four years I have repeatedly used it hypodermically, and the only inconvenience which I have found is that it sometimes causes acute pain in the end of the penis. I would not hesitate to so employ pilocarpine in a case where I desired to cause diaphoresis; the more so as its action (should it become excessive) can be at once checked by the exhibition of a minute dose of atropia, which is its direct therapeutic antagonist.

#### Menstruation During Pregnancy.

Dr. Levy, in *Arch. f. Gyn.*, xv, p. 361, considers, first, the physiology of menstruation, and gives a review of the literature having reference to menstruation during pregnancy, and then states at length his experience in this matter, derived from the investigation of ten cases. In six of these cases there was disease of the cervix, in one the patient aborted, in another the child died in utero, while a third patient suffered from recent syphilitic disease. In all ten cases, menstruation in general was very irregular, while during pregnancy there was only an occasional loss of blood for 1-1½ hour. Levy holds that what is called menstruation during pregnancy is simply pathological bleeding, and that such changes of the inner surface of the uterus as accompany genuine menstruation would be certain to disturb the course of the pregnancy.

### REVIEWS AND BOOK NOTICES.

#### NOTES ON CURRENT MEDICAL LITERATURE.

—"The Proper Period for the Performance of Amputation in Cases of Traumatic Injuries," is the subject of a paper by B. A. Watson, M.D., Surgeon to Jersey City Charity and St. Francis' Hospital, N. J., which comes to us in pamphlet form.

—A pamphlet extracted from the Transactions of the Medical Society of the State of Pennsylvania, for 1880, contains a statistical "Enumeration, Classification and Causation of Idiocy," by Dr. Isaac N. Kerlin. The paper shows a large amount of research.

—Dr. L. Duncan Bulkley sends us two pamphlets, one containing an article "On The Management of Infantile Eczema," reprinted from Transactions of the Medical Society of the State of New York, for 1880; the other containing one on the "Use of Sulphur and its Compounds in Diseases of the Skin," reprinted from the *Archives of Dermatology*, for July, 1880.

—We have just received a pamphlet reprinted from the *Cincinnati Medical News*, containing some very sound remarks on "Capital Punishment," made by Dr. R. R. McIlvaine, in the Medico-Legal Society of New York. As a remedy for murder the Doctor proposes, instead of capital punishment, to break up the causes which lead to this crime. These he considers to be: 1st. Absolute necessity. A man's stomach will not reason. As a matter of course, it requires to be satisfied, and hunger has no reasoning capacity. 2d. Injury, either real or supposed. 3d. The love of gain.



## BOOK NOTICES.

**A Treatise on the Practice of Medicine; for the Use of Students and Practitioners.** By Roberts Bartholow, M.A., M.D., LL.D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, of Philadelphia; formerly Professor of Theory and Practice of Medicine and Clinical Medicine in the Medical College of Ohio, etc., etc. New York, D. Appleton & Co., 1, 3 and 5 Bond Street. 1880. Cloth, 8vo, pp. 853.

This treatise is intended by the author as a companion volume to his work on "Materia Medica and Therapeutics." In his preface, we are informed that as the latter work embraced those topics of importance to the physician, and omitted matters of extraneous interest, so in the preparation of this volume, it has been his purpose to include the subjects embraced under the title of "Practice of Medicine," omitting those topics of general pathology, etiology, etc., with which the works on practice usually open, and incorporating them in their proper relation with individual diseases. Each disease is therefore discussed under the following heads: Definition; Causes and Symptoms; Course; Duration and Termination; Diagnosis; Prognosis and Treatment; and the whole subject is treated in a concise manner, and with the definiteness of an authority which the author's extensive and varied experience entitles him to. The book appears to be fully up with the times; and is especially valuable as a text-book to students and young practitioners. It is provided with forty-six pathological illustrations.

**The Ocean as a Health Resort. A Handbook of Practical Information as to Sea Voyages, for the use of Tourists and Invalids.** By William S. Wilson, L.R.C.P. Presley Blakiston, Philadelphia. Cloth, 8vo, pp. 261, with chart. Price \$2.00.

The value of sea air in the treatment of a large class of diseases has recently been widely recognized. Long voyages, especially in tropical climates, have been observed to work remarkable alterative effects in various chronic diseases, especially in phthisical and scrofulous subjects. We are glad, therefore, that such a competent hand as that of Mr. Wilson has undertaken to set forth both the advantages and the drawbacks of sea voyages. Most of his work bears especial reference to the voyage from England to

Australia. But sea voyages are so much alike that his chapters can be profitably read by all who propose a voyage for health.

His first chapter mentions the diseases in which a sea voyage has been found of benefit. He considers that a health voyage must not be less than a month in length, and that for consumptives the suitable voyages are very few in number. Supposing a sailing vessel to have been chosen, Mr. Wilson explains what preliminary arrangements are necessary. Having started, he describes the life at sea; the management of the health at sea; what occupation and amusements are possible; what objects of interest may claim attention; and the weather an Australian voyager is likely to encounter. To each of these subjects a chapter is devoted, and also one to Australia, its climate and health resorts; one to South Africa and its climate, and one to the meteorology of the ocean.

The author's observations are original and judicious; he speaks from actual experience, and pronounces decidedly in favor of such a voyage in many cases of illness of pulmonary origin or general exhaustion. A chart accompanies the book, showing the Ocean routes, and illustrating the Physical Geography of the Sea.

**A Manual of Minor Surgery and Bandaging.** By Christopher Heath, F.R.C.S., Surgeon to University College Hospital and Holme Professor of Clinical Surgery in University College, London, etc. Sixth Edition, revised and Enlarged, with 115 illustrations. Philadelphia, Lindsay & Blakiston, 1880. Cloth, small 8vo, pp. 342.

This work is intended as a guide to house surgeons and dressers in hospitals, who may at any hour be called upon to treat such accidents as are daily occurring in large cities. In an introductory chapter the relation of the house surgeon to dressers, to the visiting surgeon and to other members of the hospital staff, and other general matters, are discussed. The remainder of the book is devoted to the treatment of hemorrhage; wounds; retention of urine from various causes; poisoning; minor operations; dressings and bandaging; fractures and dislocations; case taking and post-mortem examination. A number of pharmacopœial formulæ of the London Hospitals and Hospital Diet Tables, together with a complete alphabetical index, are appended. The book will prove of great value to those for whom it has been written.

THE  
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D. G. BRINTON, M.D., EDITOR.

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#### QUESTIONS ABOUT VACCINATION.

One might suppose that pretty much all the questions about such a simple matter as vaccination had been settled. Not a bit of it. Apparently none of them has got its quietus. They all seem to have broken out afresh this summer. Let us mention a few of them.

*Does the efficacy of humanized lymph diminish by repeated transfer?* Dr. Atlee, of Lancaster (*Am. Jour. Med. Science*), denies it positively, after a close personal observation of more than half a century. So do some excellent English authorities. Yet we have not asked a physician who has closely compared the effects on the system of pure bovine with humanized virus, who does not state that the former produces a greater constitutional effect.

*Should vaccination be compulsory?* Every nation which has tried it answers—Yes. But we are very slow to adopt the compulsory system in the United States. People argue, that if a man wants to run the risk of the smallpox,

let him do it. That is his business. As well say, if he wants to set his house afire in a crowded street, let him do it. His neighbors have some interest in both matters.

*Should cowpox virus be preferred?* It is rapidly being recognized that it should be, quite as much to protect the physician from unfounded charges as to guard the patient against possible contamination with one or another blood poison. Even in conservative England there is progress. At a recent meeting of the House of Commons, Dr. Cameron rose to call attention to the practice of animal vaccination, and moved, "That as cowpox lymph, direct from the calf, commonly known as animal vaccine, is of at least equal value as a prophylactic against smallpox with the ordinary humanized lymph, and as its use affords an absolute guarantee against the propagation of those human diseases occasionally invaccinated with humanized lymph, this House is of the opinion that to meet the objections to vaccination founded on the possible communication of other disease through that operation, a supply of animal vaccine should be provided by the National Vaccine Establishment, for the use of those who prefer it to the ordinary lymph."

*Should lymph or crusts be used?* The English use fresh lymph—"arm to arm" vaccination—almost always; we succeed just as well with desiccated crusts from human subjects, or the dried lymph from the cow.

*How many vesicles should be produced?* Here, again, the customs of countries differ. The English surgeons produce three or four, the Americans but one. The evidence is strong that the latter plan is just as prophylactic and far more comfortable to the patient.

*How explain the steady continuance of smallpox, in spite of the general prevalence of vaccination?* The subject was much discussed last summer, in the Parisian journals. Take the last week in June, for examples: According to the official reports, the average mortality of Paris for the corresponding weeks of the last three years was 23.1 per thousand, whereas the week ending July 1st, 1880, gave a death rate of 25.69.

This represents a total of nine hundred and eighty-one, and of these nearly a twentieth (48) were due to smallpox, which was thus six times more fatal than in the three preceding years, when it only caused  $\frac{1}{18}$  of the whole mortality, or seven deaths in a total of eight hundred and eighty-four. These figures proved the prevalence of epidemic smallpox, and others were given, to show that it exhibited an unusual degree of severity at the Laennec Hospital, where there are special wards for the reception of variolous cases. The mortality increased progressively, from 10.27 per cent., or one death in 9.63 cases, in 1876, and July 1st it stood at 19.41 per cent., or, in other words, one death in 5.15 cases. Dr. Bertillon, the Director of the Statistical Department of Paris, attributes the persistence of the epidemic to the neglect of re-vaccination; and he pointed out the immunity which this practice has conferred upon the military. From the 1st of January of the present year, to July 1st, the deaths from typhoid and variola among the civil population of Paris were 1043 and 1519 respectively, but the proportion in the army was very different, two hundred and six soldiers having died of the former, while only three have succumbed to the latter.

This has led sanitary authorities in France to ask for *compulsory re-vaccination* in civil life, as well as compulsory primary vaccination.

*When should re-vaccination be performed?* Most authorities say at the age of puberty; others, whenever exposure is liable. Certainly age is no bar to it. Last winter we knew of a case over sixty-five years, in which a second vaccination produced a perfect pustule; and M. Toledano recently communicated to the French Société d'Hygiène, the results obtained by him from nearly five hundred re-vaccinations performed at the Hôtel des Invalides, in which he had achieved 68 per cent. of successes in men from sixty to seventy years old; 84 per cent. of successes in those from seventy to ninety years; and had succeeded perfectly in re-vaccinating a hoary veteran ninety-one years old!

These are by no means all the unsettled questions which might be posed. But these are suffi-

cient to indicate how much room there is yet for the intelligent observer to exercise his power in this field. Needless to say that his results will be of no value if he begins with a strong expectation of proving some assumed position, or even with a desire to find one or the other party in the right. There are large interests involved in the decision of some of these questions; there is much political capital in some of them; and there is even considerable feeling in the public mind about them; all of which considerations go to explain why so much has been said and written on vaccination without deciding what one would think ought long ago to have been settled once for all, and put away on the shelf destined for "fixed facts."

#### PRIVILEGED COMMUNICATIONS TO PHYSICIANS.

This subject is about to receive in this State the attention it merits. From a circular before us, we learn that about two years ago the Obstetrical Society of Philadelphia had their attention called to the fact that the laws of Pennsylvania failed to recognize as "privileged" any communication made to a physician in his professional capacity, even though the information given was absolutely necessary for the proper treatment of the case. This is not so with the other learned professions; for the law distinctly recognizes the confidential relation between the advocate and his client, and legal custom has forbidden any interference between a penitent and his priest.

The Society failed to see any reason for this discrimination, and asked the College of Physicians of Philadelphia and the Philadelphia County Medical Society to unite with them in endeavoring to procure the passage of a law which would protect the public in its confidential relations with the physician, as it is now protected in its relations with the lawyer and priest. The joint committee was appointed, and on investigation, found that several States had recently enacted laws to meet the difficulty; one had been in force in New York since 1828, having been found (on the authority of the New York Medico-Legal Society) to work satisfac-

torily. Not wishing to take any action affecting the medical profession of the State without formal sanction, the committee forwarded a copy of the proposed law (copy of New York law), in the form of a legislative petition, to all the County Medical Societies in the State, and asked for their approval. From a majority, an official endorsement has been received, as well as the signatures of a large number of the individual members. The matter was finally brought before the State Medical Society, and was unanimously endorsed by that body.

The joint committee having obtained the approval and endorsement of the proposed law by so large a number of the physicians of the State, now feel prepared to present the subject to the Legislature at its coming session.

The proposed law is a copy of the New York law, and reads as follows: "No person duly authorized to practice physic or surgery shall be allowed or compelled to disclose any information which he may have acquired in attending any patient in his professional character, and which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon."

The committee earnestly beg physicians to assist in carrying out a measure so beneficial to the profession as well as to the public, by using all their personal influence with the members of the Legislature from their districts. Should there be found any strong prejudice against this law, in the minds of any legislator, it is requested to notify the committee through their Secretary, Dr. W. H. H. Githens, Broad and Spruce streets, Philadelphia, in order that an endeavor may be made to answer the objection.

## NOTES AND COMMENTS.

### The Relation of Menstruation to Ovulation.

The *Medical Press and Circular* quotes two interesting examples of the intricacy of this problem.

M. Tillaux brought before the Academy of Medicine of Paris, on August 31st, a woman on whom he had performed hysterectomy a year previously, for a cystic tumor. He had removed

the greater part of the uterus and the tubes, leaving only the intra-vaginal portion of the cervix and a very small stump of the supra-vaginal portion. Both ovaries were preserved, but there was complete interruption of the connection between them and the trunk of the uterus which was left. Since the operation the woman had menstruated regularly every month; the periods lasted three or four days, but have been less abundant than before the operation. M. Tillaux has ascertained by examination with the speculum during menstruation, that the blood comes from the stump of the uterus and not from the vagina. With regard to the genital functions, the woman declared to M. Tillaux that they were performed better than ever, from all points of view. As a kind of contrast M. Tillaux, last November, removed from a girl, aged twenty-two, both ovaries, which were diseased; since the operation the girl, who is wonderfully well, has menstruated every month exactly. From these cases we must conclude that the physiology of menstruation, in its relation to ovulation, which was considered as a question long settled, requires new researches to account for these contradictory facts.

### Bromide of Potash in Vesical Catarrhs.

Dr. Angelo Cianciosi, *Bull. Delle. Sc. Med. di. Bologna*, in his memoir, cites seven cases of vesical catarrh treated with excellent results by bromide of potash. He thinks he can attribute to this remedy a prompt and efficacious action in this affection; and when the depressing action of this salt on the vaso-motor nervous centres and on the cardiac plexus is considered, its influence in congested states is easily understood.

But joined with this it has a special action on the respiratory mucous membrane and on that of the genito-urinary organs; the secretions and excretions of these organs contain this salt as Bromine ten minutes after ingestion of the remedy, and continue to show traces of its presence for a period of two weeks thereafter, as has been demonstrated by Namias and Rabuteau.

Since, then, the mucous membrane of the bladder is thus in contact constantly with urine more or less saturated with bromic salts, in proportion to the quantity administered, the therapeutic action of this remedy in abnormal conditions of this membrane cannot be doubted. In the cases treated by Dr. Cianciosi, the patients never suffered from bromic acne, because the dose was never more than three grams, and the salt



was pure, containing no bromate of potash, which is injurious if present in the proportion of one or two per cent. But even if a bromic skin eruption should appear, an arsenical preparation can be given at the same time, or the use of the bromide may be suspended for a few days. Finally, it is sometimes necessary to combat the anæmia, and the symptoms of acute or chronic bromic poisoning which sometimes supervene, with the salts of quinine, strychnine, oxide of zinc or iron.

#### On the Possibility of Transmission of Tuberculosis Through Milk.

We learn, from the *Gazette Médicale de Paris*, that M. Bouley lately presented a communication to the Academy of Paris from M. Peuch, on this subject.

The author having recognized the existence of tuberculosis in a cow, which, notwithstanding, gave three or four litres of milk a day, fed this milk to two young pigs and as many rabbits. It results, from his observations on these animals, that the milk given pure and without boiling was capable of inducing tuberculosis in the animal to which it was administered. In a new series of experiments he intends to ascertain whether boiling will destroy the contagious properties of such milk.

Prof. Bouley, after giving a summary of this communication, presented to the Academy sections of the lungs, liver, spleen, sub-maxillary glands, etc., of a five months' pig, killed sixty-seven days after inoculation with juice expressed from meat coming from the tuberculous cow mentioned above. This latter experiment was made at Toulouse, by M. Toussain, of the Veterinary School. The examination of all these sections show advanced tuberculous lesions.

"I have considered," said M. Bouley, "that these incontestable proofs of the transmissibility of tuberculosis from the cow, by the use of un-boiled milk and by inoculation with the juice obtained from uncooked meat, should not remain unknown; particularly as similar experiments have been made in Germany, and with like results, but do not seem to have attracted the attention they merited. The danger is then real, and the public should be warned, particularly when, as at present, raw meat is frequently prescribed in anæmia, etc."

In the abattoirs, a rigorous inspection should be made concerning the existence of phthisis in cows; and it would be prudent to boil milk before using, especially when intended for the alimentation of very young children.

Cooking, which destroys cell life as well as parasites, should render both milk and meat in-offensive; and it is this fact which assures the safety of the army. The meat destined for their use not rarely comes from phthisical animals, but the high temperature used in cooking destroys necessarily every noxious property, as concerns a possibility of contagion.

#### Extremes of Temperature.

Two remarkable instances of bodily temperature are reported in our foreign exchanges:—

In the *Centralblatt für Chirurgie*, July 24th, Dr. Kosürew reports the case of a powerful muscular Cossack, thirty-two years of age, who, falling from a height, received a severe wound of the scalp, penetrating to the bone. He lived for five days after, his pulse being only 44, and the temperature exhibiting only, on repeated and exact measurements, from 27.2° C. (80.8° Fahr.) to 28.5° C. (83° Fahr.) in the morning, and from 26.5° C. (79° Fahr.) to 29° C. (84.2° Fahr.) in the evening. On examination, the skull was found uninjured; the blood of the sinuses and dura mater was of the color and consistence of tar, and the base of the brain was also gorged with a similar fluid. The medullary substance was of a doughy consistency, and exhibited numerous blood-points wherever sections were made.

In the *British Medical Journal*, September 25th. A hysterical woman in the Adelaide Hospital, Dublin, showed a temperature of 131° Fahr., and this when the most stringent precautions were taken to prevent deception.

#### Worms in Children.

That convenient resource of old doctors—worms—which serves to explain all sorts of children's ailments, does not meet much favor from Prof. J. Mathews Duncan, the eminent obstetrician. He says, in a recent lecture, I have never seen a case of vulvitis that I could ascribe to worms. And I believe that this is an illustration of the injurious tendency to repeat what has been said before. Because one author of repute says a thing every one repeats it. Every one of you has been taught that worms cause convulsions in children, but were I lecturing on the subject of convulsions I should make the same skeptical remarks on that head. I never saw a case of convulsions that I could reasonably trace to worms, and I never saw a case of worms that caused convulsions.

#### Effects of Salicylic Acid on the Temperature.

Prof. Deplat, of Lille, in a paper laid before the Académie de Médecine, arrives at these conclusions:—1. Salicylic acid, administered in sufficient doses to the subjects of fever, always has the effect of temporarily reducing the temperature. 2. This temporary reduction may be maintained and increased by the administration of new doses, and by aid of this agent we are enabled to moderate at will the temperature of the sick. 3. Doses of the acid hitherto considered as poisonous, may be exceeded without danger, patients being able to take for several days in succession eight, ten, or twelve grams. 4. The rectum is the best channel for the introduction of the acid, and each enema should not contain more than two grams. These conclusions are based on five cases of typhoid, one of variola, one of puerperal peritonitis, and several of phthisis. They are also supported by experiments on animals.

#### Foreign Body in the Rectum.

A curious case is reported in the *Allgemeine Med. Zeitung*, August 31st, by Dr. Walser, of Gratz, Austria:—

A man, three days before his admission to the hospital, had passed the handle of a hammer, twenty-five centimetres in length and two and a half in breadth, into the rectum, in order to arrest a diarrhoea; and while doing so, it slipped from his hand and disappeared. The abdomen was moderately distended and only slightly sensitive; and on making firm pressure over the umbilicus, a hard, movable body could be felt, having its end exactly in the middle of the epigastrium. It could not be followed downward, but seemed to have entered the pelvis. The general state of the patient was satisfactory, but he resisted exploration of the rectum so much that he was put under anaesthetics. Although the body could not be felt in the rectum, by pressure and manipulation of the upper end Dr. Walser was at last able to get hold of it with a lithotomy forceps and slowly remove it.

#### Nettle Tea in Urticaria.

A correspondent of the *Lancet* describes a severe case of urticaria. He adds:—

The line of treatment adopted by me was—internally, half-drachm doses of solution of acetate of ammonia, with five-minim doses of solution of arsenic, and a few drops of chloric ether, in water, every four hours; the application of compound tincture of benzoin to the parts

affected locally, and bran baths twice daily. This having failed to give relief, after consultation with Dr. Murrell, of Westminster Hospital, the patient was given a wineglass of nettle-tea several times daily; a solution of carbolic acid (1 in 1000) locally, and a bath twice daily, consisting of common washing soda and water. After a few days of such treatment the patient improved in every respect, the irritation in soles of feet first disappearing, followed by the loss of swelling in the face, and the spots on the body, which resembled no other skin disease but urticaria.

#### Kumys in Severe Diarrhoea.

The history of a number of cases of choleraic diarrhoea in infants, treated by kumys, is given by Dr. A. M. Campbell, in the *Obstetrical Journal*. In regard to the method of giving it, he says:—

"In administering kumys, the gas should first be expelled, by pouring the contents of a bottle from one pitcher to another. Begin with small doses, gradually increasing the amount; and when the stomach will bear it, barley-water may be used to quench thirst. Before returning to a full milk diet, it is better, for a few days, to use one of the prepared foods. While I do not claim that kumys is a panacea for every case of choleraic diarrhoea, I can say we have in it a valuable aid with which to treat this most formidable complaint.

#### Abortive Treatment of Boils.

Dr. Geo. W. Eastman, of Wisconsin, writes us:

In your issue of the 16th inst., received on October 23d, I notice an article on the "Abortive Treatment of Boils and Carbuncles," by the hypodermic injection of carbolic acid. I can endorse all Dr. O'Neal says of the success of the abortive treatment, having used it with happy results for the last eighteen months. I use the full strength of the acid (in glycerine), and deposit drops in different parts of the base of the tumor.

#### The Chian Turpentine Treatment of Cancer.

This novelty, to which we have before alluded (*REPORTER*, Vol. xii, p. 540), has, as usual, not answered the expectations held out by its discoverer. Numerous cases are reported where it did no good whatever. It is a passing fashion, but a very agreeable one to holders of the true (and a good deal of imitation) chian, which went off rapidly at \$2.50 per ounce.

## CORRESPONDENCE.

## Chloral Hydrate in the Treatment of a Case of Poisoning by an Unknown Quantity of Strychnia. Recovery.

ED. MED. AND SURG. REPORTER:—

On the 22d inst., about 11 P.M., I was called to visit a woman of doubtful virtue, supposed to have taken poison with suicidal intent.

I arrived at the house about forty-five minutes after the ingestion of the supposed poison; found the patient a tall, large-boned, not very muscular woman, thirty-three years of age, sitting on a lounge, very restless, hands cold, pulse weak and accelerated, respiration hurried, pupils somewhat contracted. She was reticent when questioned as to having swallowed poison, but was willing to take remedies.

As there was no certainty as to what poison, if any, had been ingested, I at once administered to her about twenty grains of pulv. ipecac. in water, as an emetic. The dose had just been swallowed, when her whole muscular system was convulsed with a tremor or shudder, very characteristic of strychnia poison, and slight emprosthotonos, her neck coming in contact with my head as I sat in front of her. I immediately administered to her, dissolved in about two ounces of water, what I took to be, without weighing, twenty-five grains of chloral hydrate, manufactured by E. Schering, of Berlin.

The entire dose had not reached the stomach when she had a second emprosthotonic spasm, that threw her off the lounge, and a portion of the chloral regurgitated, which she spat out on the floor, but there was no emesis now nor at any time.

I now had her placed on the lounge, on her back, and two men directed to hold her there, where she had a number, perhaps twenty or thirty, of those emprosthotonic convulsions, the most violent of which threw her against the foot of the lounge when those directed to hold her were off their guard at the time of attack.

There remained great restlessness between the convulsive seizures, but I could not discover that there was loss of consciousness at any time.

Ten minutes after the first, I administered a second twenty-five grain dose of chloral. There appeared about this time great irritability of the bladder, for which she had to be assisted to the night vessel every fifteen to twenty minutes for the next hour, and less frequently for the next twenty-four hours.

The only perceptible change in the next fifteen minutes was that the interval between convulsions was occasionally greater, when it would sometimes be terminated by a more violent surge forward than was the emprosthotonic attack just preceding. I now, fifteen minutes after the second, gave a third twenty-five grain dose of chloral. Twenty minutes after the third dose was administered and forty-five minutes after the first, general muscular tremors had taken the place of the emprosthotonos to a great extent, the latter not so violent as heretofore. I now administered a fourth twenty-five grain dose of chloral, and in a few minutes the

patient became quiet and apparently asleep, though occasionally a general muscular tremor would occur, when she would open her eyes for an instant. I now left the patient, and returned at 4 A.M. on the 23d, when I found that she had rested an hour, then was aroused by an emprosthotonic convulsion, though not so violent as heretofore, and since, during a period of more than two hours, she had had four or five such.

About three hours after the fourth I gave the patient a fifth (twenty-five grain) and last dose of chloral, and left, to return at 9 A.M., when I learned that she had fallen asleep a short time after I left and slept for an hour and a half. Since there had been no violent tetanic seizures, but frequent general muscular tremors, which recurred for two or three days, gradually growing less in violence and frequency. Owing to the soreness of the muscles and irregular contraction thereof, the patient could neither stand nor walk without assistance for twenty-four hours. I now learned that she was color blind. All objects appeared to her a yellowish brown color, and it was not until the 25th that color sight returned.

She was now more communicative, and having given up for the present the idea of taking her life, gave me a vial containing strychnia in large crystals, from which she said some time during the day, on the 22d, she had taken, as near as she could judge, one-third of the quantity it then held, concealed it about her person until the aforesaid occasion, when she swallowed it. I carefully weighed the remaining contents of the vial, and there were seven grains and a small fraction of a grain.

There were no remedies administered save those mentioned. The inference is, from the severity of the symptoms and their continuance notwithstanding the administration of large doses of chloral, that the quantity of strychnia ingested was sufficient for a lethal dose; and as it was only after the administration of frequently repeated large doses of chloral that the most alarming toxic symptoms gave way, that a fatal termination of the case was aborted by the antidotal power of chloral to strychnia.

WM. G. WILSON, M.D.

Shelbyville, Ill., October 27th, 1880.

## Report of a Case of Typhilitis, Terminating Favorably.

ED. MED. AND SURG. REPORTER:—

Mrs. Wilhelmina A., aged thirty-nine, has been married twice, and is the mother of eleven children; was born in Germany.

On the evening of May 14th, 1880, her husband came to me stating she complained of fullness of the chest and difficulty of breathing, for which, supposing it was globus hystericus, I prescribed some antispasmodic remedies, but these not relieving her I was summoned to her residence, to see her professionally; found her with considerable fever and occasionally profuse perspiration; some tenderness in the region of the right ovary. Having attended her about two years previously, for puerperal mania, I attributed a great many of the symptoms as presented in

her case as only indicative of highly nervous and excitable temperament, superinduced by debility. Her tongue was red as liver, pulse 100, respirations increased in frequency, bowels regular, appetite poor; slept little. The debility and profuse perspiration increased, notwithstanding a good sustaining diet, in connection with quinine sulphate in tonic doses. During the whole time of the affection the patient was harassed with flatulency and a burning sensation in the stomach and bowels. I saw her daily, and endeavored, if possible, to find out what could be the cause of the symptoms. There was no obvious enlargement of any kind; the bowels moved regularly.

The patient progressed in this unfavorable and unsatisfactory way till July 12th, when I thought I could detect a hardness in the right lumbar region, or, if you please, about three inches to the right of the umbilicus and an inch below a transverse line passing through the umbilicus. The symptoms having improved and the patient wishing to visit relatives a short distance in the country, I thought a change might perhaps benefit her, so I consented to let her go. She remained in the country two weeks, when she returned, very much discouraged and, if anything, weaker. I, however, now was confident that there was a small, hard tumor in the location named, but could not satisfactorily locate it. I therefore concluded to treat symptoms and wait for further developments; but at the suggestion of the husband of the patient, Dr. T. W. Shaw was called in to consult with me in the case. Dr. Shaw, upon examination, was rather reserved in expressing an opinion, but thought it might be connected with the right ovary. I was satisfied that it was not in the right ovary, for the reason it was too high up. I, however, waited for further developments, watching the patient carefully till August 15th, 1880, being nearly satisfied about the character of the tumor, and had made up my mind to aspirate it, to ascertain certainly whether it was an abscess; but about this time the husband suggested Dr. Emmerling to see the patient with me, and I agreed, informing Dr. Emmerling, by note, through husband, to bring his aspirating instruments with him. On introducing the needle there was no pus flowed through it, but at the point of the needle, after being withdrawn, there was about two drops of pus that had a fecal odor. This determined in my mind that it was an abscess formed from typhlitis, and Dr. Emmerling concurred in my opinion. A warm poultice of flaxseed was applied over the abdomen, and August 16th, through an opening made by the needle, pus ran freely, which had a highly fecal odor. This continued discharging till August 25th, when at least a quart of pus had run out. The pus now lost its fecal odor. About this time I introduced a drainage tube, through which was injected a weak solution of carbolic acid. I feared my patient would die of exhaustion, but she has rallied nicely and is convalescing. Very little pus is being discharged through the gum drainage tube, and the patient bids fair to recover.

October 1st, 1880. Patient has now about recovered. There are two points of interest in

this case: The one is her recovery the other is the length of time the abscess was in developing.

J. M. BATTEN, M.D.

Pittsburg, Pa.

#### A Case of Strychnia Poisoning—Post-mortem Examination.

ED. MED. AND SURG. REPORTER:—

On the night of September 22d, last, I was sent for to assist the Coroner in a case where a young lady had just died in a very sudden and mysterious manner, and in convulsions. Two hours after death I found the body lying in the exact burial position, except slight opisthotonos. Cyanosis and rigor mortis well marked. The tongue protruded from the mouth, and all the muscles seemed to be as rigidly contracted as if they were frozen; not a point in the body could be bent without apparently breaking something. The masseter and muscles of the back and extensors of the legs appeared to be mostly affected during the spasms, and also the larynx, from the testimony of the witnesses. The head, hands and feet were cold, but grew warmer the nearer approach was made to the body. The autopsy, made three hours after death, showed the blood to be reddish and perfectly fluid. The lungs collapsed, mottled and injected. The heart empty on the left side and as rigidly contracted as if frozen. The spleen was congested until it was as thick as wide. The liver was congested. The small intestines injected in places, which gave them a spotted appearance. The bladder contained about eight ounces of urine and was tightly contracted on it. The left ovary was dropsical.

She had at first clonic spasms, but they soon became tonic, and she died in one of them, about thirty minutes from the commencement of them.

The coroner's jury returned a verdict of death from a dose of strychnine, administered by her own hand. About five grains of strychnine was found among her things afterward, in a package labeled strychnine by the druggist. It is impossible to find out how much she took, for she had been poisoning rats, etc.

J. C. ALVERSON, M.D.

Arbela, Mo., October 5th, 1880.

#### Milk Sickness or Trembles.

ED. MED. AND SURG. REPORTER:—

A cow affected with milk sickness will communicate the disease, through her milk, to her calf; the calf dying, will give the disease to hogs eating the dead calf; dogs eating the dead hogs will die of the disease; and buzzards eating the dead dogs will die of the disease. It is a disease that reproduces the cause in the animals affected. This would be rather against the theory of a mineral poison.

If I am not mistaken, I have seen cases reported, occurring in cattle kept up in cleared ground, thought to be produced by very impure water drainage from the barnyard. I have thought for years the microscope would reveal



the true cause of the disease, if ever discovered. I see that Dr. Gardiner, of Bedford, Indiana, has given a very interesting report of some cases he has seen. Some thirty years ago, or more, I was told by a neighbor that he had known Indians to eat the flesh of cattle dying of the disease, without being hurt by it. They cut up the flesh and dried it thoroughly by heat. It was cut in small pieces, and when dry would not be more than three inches square, with a hole through it, made by the stick on which it was dried. The heat of the fire would destroy all bacteria or other microscopic living growths.

E. T.

## NEWS AND MISCELLANY.

### The International Otological Congress.

The session of this body was held last month, at Milan. It was well attended, and a number of communications were made, of which we find the following mentioned as prominent by foreign journals:—

M. Politzer described an acute inflammation of the labyrinth (labyrinthitis), independent of meningitis, and cites, in support of this theory, a number of cases. Both his preparations and those of M. Volppin, illustrating the osseous parts of the internal ear, and the methods of rapidly operating upon the labyrinth, and of making coarse and microscopic preparations, attracted great attention.

A discussion on the antiseptic treatment of inflammatory affections of the auditory canal was opened by M. Loewenberg, who has always found microbia, for example, in the discharge from furunculi from the ear; and who is Pasteurian and Listerian in his views on the genesis and treatment of the affection. He has employed, with good effect, the boracic acid or carbolic acid treatment. Nearly all the Italian aurists present concurred in this view, and had employed simple substances in powder or solution. Novaro, of Turin, favored weak chloride of zinc lotions.

M. Moos endeavored to raise the same question concerning the deafness or defects of hearing of railway officials, as has been advantageously raised concerning their color-blindness and defects of vision. He affirmed, after statistical examination of a great number of stokers and railway engineers, of which he gave numerical details, that these *employés* are more subject than others to certain affections of the ear, and to such an extent that the safety of travelers is endangered by it. He concluded his paper by a recommendation that all such railroad servants should be examined as to their hearing, prior to engagement, and subsequently periodically examined. This resolution was formally adopted by the congress, in the form of an expression of a wish addressed to the various Governments.

Boracic acid again cropped up as a remedy in M. Ménière's paper on the treatment of chronic discharge from the ear, which very warmly recommended its employment as the remedy.

Professor Politzer read the results of a study of paracousia by the aid of a powerful diaphanon. Paracousia is the name given to that form of

deafness in which the patient hears more distinctly in a noise—as when sitting in a railway train, or in any other sonorous medium which powerfully impresses the hearing. Politzer, by placing this strong diaphanon on the cranium of his patients, finds that they hear much better, no doubt, because the vibrations of the diaphanon succeed, under these circumstances, in conquering the chain of ossicles, which is always very considerable in cases of paracousia.

The next session will be held in 1884, at Basle.

Milan has been a "head centre" for international medical congresses, this summer, no less than five having been held there.

### The Louisiana Lepers.

Dr. Joseph Jones, President of the Louisiana State Board of Health, recently visited and reported upon the leprosy which is found in that State. We have before us a letter correcting some hasty statements made by Dr. Jones. The writer, Dr. Wm. F. Harang, of Lafourche, says:—

I see that the Doctor has been led into a most grievous mistake when he states that the number of cases have materially decreased within late years.

In 1869 four or five lepers were known throughout the parish, whereas at the present day over thirty well defined cases could be cited; a very rapid increase. Moreover, so great is the fear and abhorrence of the inhabitants for these unfortunate victims that they are shunned as so many venomous serpents. One, notably has succeeded in raising a large crop of rice, but now that the harvesting time has arrived he finds it impossible to procure assistance, for either love or money. His son, by the by, is in a frightful condition, brought on by leprosy.

Dr. Jones visited only the more mild cases, his investigations not extending far enough below. The sooner these unfortunate victims are dealt with the better it will be for the community in which they reside. All measures resorted to can be executed without the least danger of personal violence. A more quiet and harmless people never trod the face of the earth. Their rusty firelocks are never brought to bear, but upon the little harmless creatures of the feathered tribe.

### Dr. Tanner Distanced.

The *Union Médicale*, September 4th, reproduces a paper originally published in 1831, by Dr. Desbarreaux-Bernard, narrating the case of a murderer who died in the prison of Toulouse, in consequence of an abstinence prolonged during sixty-three days, in order to escape public execution. The exactitude of the statements seems beyond doubt, as the man's case excited great attention among the profession of Toulouse during its progress, and the account of it was read by the author at the medical society of that town. At first efforts were made to feed him forcibly, but his violence was so great that these were abandoned, and only ineffectual persuasion was resorted to. He from time to

time took a few drops of water, and on some occasions drank very abundantly of this—the whole quantity which he took during the sixty-three days being approximately calculated at from five to six litres.

#### The New York Law.

This law, which we gave last week, has been construed to apply to every one practicing the healing art. It places manipulators, magnetic practitioners, and such like, under the necessity of providing themselves with the legitimate authority to practice the healing art, or of advising simply in a non-professional capacity. Of course, a citizen may take the advice of any person he pleases as to a disease from which he is suffering, but the law will not permit a person not legally qualified to act as his medical attendant, administer or prescribe remedies, or receive fees for such services without liability to fines and penalties.

#### Items.

—Dr. Emerson's remarks on conjunctivitis from chloral, published in the October 23d number of the *REPORTER*, were extracted from the *N. Y. Med. Journal*, to which credit should have been given.

—Dr. DaCosta's "Medical Diagnosis," will soon appear in a new and largely rewritten edition; and also, in Berlin, a German translation of it, by Dr. Hugo Engel, of this city, assisted by Dr. Carl Posner, a late assistant of Prof. Rudolph Virchow.

—Dr. Graham, an old physician of Louisville, who is in his ninety-seventh year, has just started for the mountains on his "last hunt." He is the only living fort-born native of Kentucky. When he came into the world his parents were dodging arrows and tomahawks, and his youth was spent with a rifle in his hand. He says that he cannot die in peace until he shall once more have eaten venison of his own killing and cooking.

#### Personal.

—MM. Guerin, the surgeon, and Pasteur, the investigator of germs, got so excited over a scientific discussion at the Academy of Medicine, last month, that a formal challenge to settle the matter over swords was sent and accepted; but the seconds succeeded in preventing these two distinguished men thus making fools of themselves.

—The celebrated Russian Surgeon, Nicholas Pirogoff, celebrated, on October 2d, the semi-centennial anniversary of his admission to the doctorate. He is not only a great surgeon, but an eminent philanthropist.

—The eminent chemist, Cavendish, was remarkably reticent and shy. When about to die he rang his bell, and said to the valet who answered the summons, "I feel very ill, and am going to die. Come again in half an hour."

The servant, with pardonable anxiety, returned before the time appointed. Cavendish, who was still alive and sensible, observed, with some severity, "You have disturbed my last moments. You will please return at the time I ordered." The man returned and found Cavendish dead.

#### OBITUARY NOTICE.

Dr. Edouard Seguin, celebrated as a specialist in the treatment of idiocy and allied nervous diseases, died on Thursday, October 28th, at his residence in New York, aged sixty-nine years. He was a native of France, born January 20th, 1812, and received his medical education in Paris, his teachers being Itard and Esquirol. In 1837 he undertook the treatment of an idiot boy, and in about a year after established the first school for idiots, which was the parent establishment of about seventy-five similar institutions now existing in civilized countries. He came to this country after the revolution of 1848, settling first in Ohio. After a visit to his native country he settled in New York, and completed his studies as an M.D. in the University College, in 1861. He wrote a number of books and papers on his specialty, and also on Medical Thermometry, which are regarded as standards. At the time of his death Dr. Seguin was President of the American Association of Medical Officers having charge of schools for the education of idiots.

He has been especially prominent, of late years, in the introduction of a system of international uniformity in medical and sanitary statistics.

#### QUERIES AND REPLIES.

F. G. A. E. 1st. If you have fallen in weight from one hundred and thirty pounds to ninety-five pounds, there must be some cause for it which requires serious attention from your physician. 2d. The careful application of large glass cups to the breasts is said to promote their growth. It is useless to rub with any kind of liniment.

Dr. J. M. P., of Texas. "Nepenthe" is an anodyne mixture prepared by a London firm. The formula has been published, we understand.

Advocate. Insanity is one of the recognized sequela of sunstroke. See the *Half-Yearly Compendium of Medical Science*, July, 1878, pp. 96. A criminal with a history of sunstroke might owe his criminality to that accident.

Opium. We believe there is no alkaloid of opium which is a pure narcotic. They are all or nearly all convulsants as well.

#### MARRIAGE.

HILL—LOUGHRIDGE.—At the residence of the bride's father, October 20th, 1880, by the Rev. R. B. Farrer, assisted by the Rev. J. Rossel, T. Benton Hill, M.D., of Ruff's Creek, Pa., and Miss Emma Willamette Loughridge, oldest daughter of J. K. Loughridge, Esq., of Ryerson's Station, Pa.